DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 200310103-1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and

the specification of wh	nich is at	tached hereto unless t	he following box is o	checked:			
() was filed on	as US Application No. or PCT International Application						
Number		and was amended on (if applicable).					
I hereby state that I hincluding the claims, a disclose all information	as amen	ded by any amendmer	it(s) referred to abo	ve. I acknowled	d specification, lge the duty to		
Foreign Application(s) and/o I hereby claim foreign priori inventor(s) certificate listed a filing date before that of the	ity benefits below and	s under Title 35, United Sta have also identified below	any foreign application fo	f any foreign applicati or patent or inventor(s	ion(s) for patent or s) certificate having		
COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED U	INDER 35 U.S.C. 119		
				YES:	NO:		
				YES:	NO:		
Provisional Application			·				
I hereby claim the benefit u below:	ınder Title	35, United States Code Sec	ction 119(e) of any Unite	ed States provisional a	application(s) listed		
		APPLICATION NUMBER	FILING DATE				
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U. S. Priority Claim I hereby claim the benefit u							
nformation as defined in Title 37, Code application and the national or PCT inter				mistricage the daty t	o disclose material		
APPLICATION NUMBER	or PCT into	e of rederal Regulations, Se ernational filing date of this a FILING DATE	ection 1.56(a) which occu application:	urred between the filin	ng date of the prior		
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Rev 10/03 (DecPwr)

Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 200310103-1

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Inventor's Signature	nventer's Signature						
inventor o oignatare		Date					
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Post Office Address:							
Inventor's Signature		Date					
Full Name of joint inventor:			Citizenship:				
Residence:							
Post Office Address:							
Inventor's Signature							
		Date					
Cull Name of Joint Income.							
Full Name of joint inventor:			Citizenship:				
Residence:							
Post Office Address:							
Inventor's Signature		Date					
Full Name of joint inventor:			Citizenship:				
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Inventor's Signature		Date					